

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>TRUST IN THE MISSION PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00840546	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>ACE CONSULTING GROUP LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 02 / 2023</b>	
Mailing Address <b>78 FOLLY ROAD BOULEVARD</b> <b>STE B9-1182</b>		Amount <b>1161138.66</b>	
City <b>CHARLESTON</b>	State <b>SC</b>	Zip Code <b>29407</b>	Transaction ID : <b>SE24.1</b>
Purpose of Expenditure <b>NON-CONTRIBUTION ACCT: MEDIA PLACEMENT</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 01 / 2023</b>
Name of Federal Candidate <b>SCOTT, TIMOTHY, E., ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1761870.66</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>ACE CONSULTING GROUP LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 02 / 2023</b>	
Mailing Address <b>78 FOLLY ROAD BOULEVARD</b> <b>STE B9-1182</b>		Amount <b>23463.00</b>	
City <b>CHARLESTON</b>	State <b>SC</b>	Zip Code <b>29407</b>	Transaction ID : <b>SE24.2</b>
Purpose of Expenditure <b>NON-CONTRIBUTION ACCT: MEDIA PRODUCTION</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 01 / 2023</b>
Name of Federal Candidate <b>SCOTT, TIMOTHY, E., ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1761870.66</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>1184601.66</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JENKINS, TIFFANY, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**06 / 04 / 2023**

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB  
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Form/Schedule: SE  
Transaction ID : SE24.1

MULTISTATE INDEPENDENT EXPENDITURE, PUBLICLY DISTRIBUTED OR DISSEMINATED IN ALL STATES

Form/Schedule: SE  
Transaction ID: SE24.2

MULTISTATE INDEPENDENT EXPENDITURE, PUBLICLY DISTRIBUTED OR DISSEMINATED IN ALL STATES

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>TRUST IN THE MISSION PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00840546
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>ACE CONSULTING GROUP LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 02 / 2023</b>
Mailing Address <b>78 FOLLY ROAD BOULEVARD</b> <b>STE B9-1182</b>		Amount <b>577269.00</b>
City <b>CHARLESTON</b>	State <b>SC</b>	Zip Code <b>29407</b>
Purpose of Expenditure <b>NON-CONTRIBUTION ACCT: DIGITAL MEDIA PLACEMENT / DIGITAL MEDIA PRODUCTION</b>		Transaction ID : <b>SE24.3</b>
Category/Type		Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 02 / 2023</b>
Name of Federal Candidate <b>SCOTT, TIMOTHY, E., ,</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought <b>1761870.66</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure		Date of Disbursement or Obligation MM / DD / YYYY
Category/Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State:
Support <input type="checkbox"/> Oppose <input type="checkbox"/>		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>577269.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

JENKINS, TIFFANY, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**06 / 04 / 2023**

Signature

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
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Form/Schedule: SE  
Transaction ID : SE24.3

MULTISTATE INDEPENDENT EXPENDITURE, PUBLICLY DISTRIBUTED OR DISSEMINATED IN ALL STATES

Form/Schedule:  
Transaction ID: